

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528064

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9	1		1			
10	2		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓				↓
TOTAL DEP.		←			←	←
TOTAL CLAIMS						